

Case Number:	CM14-0174272		
Date Assigned:	10/24/2014	Date of Injury:	07/09/2002
Decision Date:	12/11/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/20/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 70-year-old female with a 7/9/02 date of injury. According to a progress report dated 10/2/14, the patient reported that there were significant muscle spasms in her upper back and pain on left side of back. She reported that the benefit of chronic pain medication maintenance regimen, activity restriction, and rest continue to keep pain within a manageable level to allow her to complete necessary activities of daily living. She reported that without medications the pain was 8/10 and with medications the pain was 5-6/10. Objective findings include tenderness under palpation between T7-8, muscle spasms triggered, unable to perform lumbar exam due to pain, continued hypoesthesia and dysesthesia noted along lumbosacral region, bilateral buttocks, posterolateral bilateral legs and feet, and continued weakness bilateral lower extremities. Diagnostic impression are chronic low back pain, postlaminectomy syndrome of lumbar region, degeneration of lumbar or lumbosacral intervertebral disc, thoracic back pain, history of spinal cord stimulator implant, and lumbar radiculopathy. Treatments to date are medication management, activity modification, physical therapy, surgery, and spinal cord stimulator. A UR decision dated 10/10/14, denied the requests for Soma, Gabapentin, Norco, and Prilosec. Regarding Soma, it was recommended the injured worker be completely weaned from Soma as previously "warned". Regarding Gabapentin, there is lack of documentation regarding subjective and/or functional benefit with prior use. Regarding Norco, there is no objective evidence of functional benefit from opioid medications. There is no evidence of documentation for MTUS opioid compliance guidelines submitted for review, which includes current urine drug test, risk assessment profile, attempt at weaning/tapering, ongoing efficacy, and an updated and signed pain contract. Regarding Prilosec, there is no documentation regarding gastrointestinal complaints and non-steroidal anti-inflammatory drugs (NSAIDs) usage. Treatment to date: medication management, activity modification, physical therapy, surgery, spinal cord stimulator,

A UR decision dated 10/10/14 denied the requests for Soma, Gabapentin, Norco, and Prilosec. Regarding Soma, the claimant should have already been completely weaned from Soma as previously "warned". Regarding Gabapentin, there is lack of documentation regarding subjective and/or functional benefit with prior use. Regarding Norco, there is no objective evidence of functional benefit from opioid medications. There is no evidence of documentation for MTUS opioid compliance guidelines submitted for review, which includes current urine drug test, risk assessment profile, attempt at weaning/tapering, ongoing efficacy, and an updated and signed pain contract. Regarding Prilosec, there is no documentation regarding gastrointestinal complaints and NSAIDs usage.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Soma 350 Mg, QTY. 90 (3 refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 29, 65. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Carisoprodol

Decision rationale: CA MTUS states that Soma is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally-acting skeletal muscle relaxant and is now scheduled in several states. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. Soma has been known to augment or alter the effects of other medications, including opiates and benzodiazepines. However, according to the records reviewed, this patient has been on Carisoprodol since at least 8/13/13, if not earlier. Guidelines do not support the long-term use of muscle relaxants. In addition, the patient is also noted to be taking Norco, and guidelines do not support the combination of Carisoprodol and opioid medications due to the increased risk of adverse effects, such as sedation. Furthermore, there is no documentation that the patient has had an acute exacerbation to his pain. Therefore, this request is not medically necessary.

Gabapentin 800 Mg, QTY. 120 (3 refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Anti-epileptic drugs, Gabapentin Page(s): 16-18, 49. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Neurontin

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines states that gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and

postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. However, this patient has been taking gabapentin for well over a year, possibly longer. There is no documentation of functional improvement from medication use. The medical necessity for continued use has not been established from the records provided for review. Therefore, this request is not medically necessary.

Norco 10/325 Mg, QTY. 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2002 date of injury, duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. In addition, there is no documentation of an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, this request is not medically necessary.

Prilosec 20 Mg, QTY. 30 (3 refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Omeprazole

Decision rationale: CA MTUS and the Food and Drug Administration (FDA) support proton pump inhibitors (PPI) in the treatment of patients with gastrointestinal (GI) disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic non-steroidal anti-inflammatory drugs (NSAIDs) therapy. Omeprazole is a PPI used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. However, in this case there is no documentation that the patient is currently utilizing chronic NSAID therapy. In addition, there remains no report of gastrointestinal complaints or documentation that the patient has a gastrointestinal disorder. Therefore, this request is not medically necessary.